Ward If nonresident give city or town and State (Oay) (Year) CERTIFY. That I attended deceased from Oate of onset 1-6-26-173

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) _____

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	()	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
		PENIBOS*	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

PHYSICIANS Exact statement

EXACTLY.

should be stated

AGE

supplied.

mation should be carefully

B.-WRITE PL

ż

CAUSE OF DEATH in plain terms, so that it may be

properly classified.

ORD. Every item of inforplnods

of OCCUPA.

1.	County Car	TH .			(A) Carlo	gistestion Diet No.	0
	Village or City	Vende	100	n /	No.	gistration Dist. No St.,	Ward
2.	Length of residence in cit	y or town where de	ath occurred	(lf	death occurred in a hospital or institution, give	ve its NAME instead of street an	id number)
	(a) Residence: No	\	(Usual place	of abode)	St., Ward.	nonresident give city or town a	and State
	PERSONAL AN	D STATISTIC				FICATE OF DEATH	
3. S	EX 1. COLO	R OR RACE	5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	March 18 (Day)	, 193 (Year)
5a. l	It married, widowed, or divo HUSBANO of (or) WIFE of	rced	· ·	/	22. March 12 193	3. to March	ed deceased from
6. D	ATE OF BIRTH (month, day	(, and year) W	ec. 2	0, 1932	I last saw h. L. ative on M.A. to have occurred on the date stated above	ich 16 p, 19.3	3: death is said
	OE Tents	2	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and were as follows:		Oate of onset
ZO	8. Trade, profession, or pa kind of work done,	as SPINNER.					
OCCUPATIO	SAWYER, BOOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e				Brouchofmen	verna	3-911-
220	10. Date deceased last wor this occupation (more year)	ked at	spe:	ime (years) nt in this upation			
12.	BIRTHPLACE (city or town). (State or country)	mar	yla	the	Other Contributory Causes of importance.		
2	13. NAME Tres	V Bel	e				
FATH	14. BIRTHPLACE (city or to (State or country)	wn) Ma	year	d	Name of operation	Oate ot	
22	15. MAIDEN NAME	Jaulin	e ste	ebho	23, tf death was due to external causes (V		
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn). Ms	rye	and	Accident, suicide, or homicide?	Oate of injury	, 19
17.	INFORMANT MALA,	Fred 1	Dell	w Find.	Specify whether injury occurred in INDU	ecify city or town, county and S STRY, in HOME, or in PUBLIC	PLACE.
18.	BURIAL, CREMATION, OR R	/ /// //	, Oate 3 -	20-,1923	Manner of injury		
	UNDERTAKER RIG	Rout	Person	1	24. Was disease or injury in any way pala	ted to occupation of deceased?	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsif	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 🙏 🐧	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
		VSI # 1833	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

	Į.	e	4,	
J	nfoi	stat	JP.A	
V	of i	ıld	CCI	
1	em	shor	0 J	V
1	y it	S	t o	
	Ter	IAN	men	
	D. I	SIC	tate	
	OR	HA	s to	
	REC		Exa	
	F	LY.		
	NE	E	ified	
	MA	V	255	
BIL	ER	EX	y c	te.
24	AP	pei	perl	ifica
FO	IS	sta	pro	cert
Q	HIS	be	pe	Jo
MARGIN RESERVED FOR BINDING	F	pln	nay	ack
SE SE	NK.	sho	it	n p
R 因	GI	GE	that	us (
Z	NIO	₹ .	80	etio
3GI	FA	lied	ms,	str
A	S	ddn	ter	e in
		ly s	lain	Š
	WI	eful	in p	ant.
	LY,	car	HIL	oort
	Z	Be	EA	imi
	PLA	ould	F	ery
V. S. No. I	N. BWRITE PLAINLY, WIT, UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
1	VRI	tion	VUS	NO
10.01	-	ma	C	T
vi vi	. 18			
>	Z			

County Caroline	(184)
, 00	Registration Dist. No.
Village or City Federalsburg R. F. D.	NoSt., Ward
Langth of residenca in city or town whara death occurredyrs\mos	ds. How long in U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME John M. Bossman	N
(a) Residence: No. Federals Surg. Md. R. F. D. (Usual ptace of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (write the word)	21. DATE OF DEATH March. 21", 1933 (Year)
BUICDAND of	22. I HEREBY CERTIFY, That I attandad decaased from 19, 19
6. DATE OF BIRTH (month, day, and year) Feb. 27" 1902	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, at 1.1 -1 5. A.m. The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows: Onto of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, and mechanic	was from shot gun wounds
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	in right breast
work was done, as SILK MILL, SAW MILL, BANK, etc.	Occidentala en 30 B.
10. Date daceased last worked at this occupation (month and yaar) 11. Total time (years) spent In this occupation	
12. BIRTHPLACE (city or town) Ongola Mew York	Other Contributary Causes of importance:
13. NAME John Bossman	
14. BIRTHPLACE (city or town)	Name of operation
(State of country) (Mew Story)	What tast confirmed diagnosis? Was thera an autopsy?
ela l	23. II daath was dua to extarnal causas (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17, INFORMANT Mrs Jahn M. Bossman, (Address) Federaleburg Md. R.F.B	(Specify city or town, county and State) Spacify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lederalshurg, Md Date Mar. 2H", 1933	Manner of injury Shatgue wounds in right Creat.
19. UNDERTAKER J. T. Tramstom & Son. (Addrass) Federals Purg Md	24. Was disease or injury in any way related to occupation of daceased?
20. FILED Mas. 22", 1933 5. 5. Fram Stom. Registrar.	(Signed) Foler Started M.D. (Addrass) Federalsburg, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Justice of the Peace acting Coponer.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Di	st. No.	
No	St.,	Ward
leath occurred in a hospital or institution, give its NAME i		
ds. How long in U.S. if of foreign birth?	yrs.	mos ds.
u		
Ward.		
If nonresident giv	re cil v or town	and State
MEDICAL CERTIFICATE		
21. DATE OF DEATH		
march	17	, 193 3
(Month)	(Dey)	(Yeer)
22. I HEREBY CERTIFY. March 3 1933 to Me	That I attend	
I lest saw h. en alive on March 1	7 , 19 3.	3 ; death is said
to have occurred on the date stated above, at 12:5	P.	
The PRINCIPAL CAUSE OF DEATH end related ceuses		
were es follows:		Date of enset
acute myrcarditis		74.143
······	-+	
		*
Other Contributory Causes of importance:		
Α.		
Diabetes Millitus		1925
Name of operation		100
What test confirmed diagnosis?		
23. If death was due to external causes (VIDLENCE) fill In		
Accident, suicide, or homicide? Dat	e of injury	, 19
Where did injury occur?		
(Specify city or to Specify whether injury occurred in INDUSTRY, In HDME	vn, county and S , or in PUBLIC	itate) PLACE.
Manage 41.		
Menner of Injury		
Nature of injury		
24. Was disease or injury In any way releted to occupation	n of deceased?	no
If so, specify	y/as	
(Signed) (Naul / Lust	60	M. D.
(Address) Dent	in fred	
and the second second		

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		Ball of tree	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact PHYSIproperly classified. should be stated EXACTLY it may be properly classified BINDING PERMANE that it may ACE V, RESERVED FOR in plain terms so be carefully supplied. EATH in plain terms so MARGIN Every item of information should CIANS should state CAUSE OF DI statement of OCCUPATION is very (Address) 8 ż

S. No. 1

	PLACE OF DEATH
	County Caroline
Vil	Pull NAME Que Japle
	PERSONAL AND STATISTICAL PARTICULARS
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)
6 [CATE OF BIRTH Seece 15-4, 184 (Month) (Day) (Year)
7 A	66 yrs. 9 mos. 10 ds. or min.?
(l b) w	a) Trade, profession or nature of industry usiness, or establishment in which employed or (employer)
9 8	(State or country) Keases Cauch.
TTS	10 NAME OF FATHER Leve / Haury 11 BIRTHPLACE OF FATHER
PAREN	(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Curest Carrall

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is-stead of street and Ward)

number.)

MEDICAL CERTIFICATE OF DEATH
Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from March 10 1953 to March 23, 1958
that I last saw h & alive on Marit 2 3 1933
and that death occurred on the date stated above, at
Cembral Hemorlage
Contributory Entero Colitis
(Signed). Start Muoto M. D. Maches 1933 (Address) Duton M. D.
*State the Discase Causing Death, or, in duaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL COLLEGE DE BURIAL 20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "("Inanition," "Heart fallure," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY for malignant neoplasms); Measles; Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12701
1. PLACE OF DEATH	25
county Caroline.	Registration Dist. No. 6 1
Village or City Tederals vura.	No. St., Ward
Length of residence in city or town where death occurredyrs. 3mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Sames F. Cham	Riers or Frank 5, Cramer
(a) Residence: No. Tederals surg. Md	St Ward.
(Usual place of a lode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marrie de	21. DATE OF DEATH March 2370 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of thatilda Cranyer	22. I_HEREBY CERTIFY. That I attended decassed from 3/23 1933 to 3/23 1953
6. DATE OF BIRTH (month, day, and year) Vet / 1863	Hast saw have alive on 3/23 19.33; death is said
7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, at 9-3.0 P-m.
69 5 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER.	Date of onsat
SAWYER, BODKKEEPER, etc. ZO.Y.S. M. D. M. D. M. D. M. C. M. S. M. S. M. D. M. C. M. S. M.	1 7 7 7 7 7 7
9. Industry or business in which work was done, as SILK MILL, take one time work was done, as SILK MILL, take one time works	acute alestrone / orsaring 723/33
0 10. Data daceasad tast worked at 11. Total time (years)	
this occupation (month and 1929 spent in this 30	Division of the state of the st
12. BIRTHPLACE (city or town) to data	Other Contributory Causes of importance:
(State or country)	
13. NAME Ha data.	
14. BIRTHPLACE (city or town)	Nama of operation Data of.
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME 190 10 ata.	23. If death was due to external causes (VIOL ENCE) filf in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata of country)	Where did injury occur? (Specify city or town, county and State)
17. fNFDRMANT (Address)	Specify whathar injury occurrad In tNDUSTRY, tn HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Philadelphia to Date Mar. 27", 1933	Nature of injury
19. UNDERTAKER S. T. Fram Storn & Son.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Federals Dura Md.	If so, specify
20 FILED Max 27° 1933 5.5. Fram Stom	(Signed) M,D.
Registrar.	(Address) Pederalsky MA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

02702

1. PLACE OF DEATH	131
County Carcoline	Registration Dist. No. 6/
Village or City Treensboro	No. St Ward
(If Length of rasidence in city or town where daath occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Marcelly BC	ds. now long in 0.5, if of foreign birth? yrs mos ds.
	open .
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 14. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH 1193 3 (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Mrs. Add Carlotte	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 20, 1859	plast saw him alive on March 11 FA, 1933; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated abova, atm.
73 7 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER.	Date of onset
SAWYER, BOOKKEEPER, etc.	Cardio vascular renal ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate daceasad last worked at this occupation (month and this programme).	disease
10. Oate daceasad last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 57 %	
12. BIRTHPLACE (city or town). Delece (Stata or country)	Other Contributory Causes of importance:
13. NAME Extel Coaper 14. BIRTHPLACE (city or town) Delaware	
4 14. BIRTHPLACE (city or town) Allaware (State or country)	Name of operation
	What test confirmed diagnosis? Was there an aulopsy?
I GOLD	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicida, or homicide?
17. INFORMANT. Mrs. Joan Cooper Imp	Whare did injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place In westero. Als Date Mary 14 1933	Nature of injury
19. UNDERTAKER BRAYERS	24. Was disease or injury in any way related to occupation of daceased?
20. FILED Man. 14, 1033 f. Draw Pypinia. Registrar.	(Signad) (Address) Handward hand M.O.
// (Acgoriar.	Course of the first of the state of the stat

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

Registrar.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	H.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
		CHAIGOS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

44.	

Z

ATE	OF	DEATH	
93-00			

Registration Dist. No.

St., Ward.	If nonresiden	I give city or town an	d State
MEDICAL	CERTIFICAT	E OF DEATH	
21. DATE OF DEATH	Man. (Month)	2-9 _{Dey)}	, 193 3 (Year)
man 79	SY CERTAS	Y. Thet I attended	deceased from
V last say h alive on	.,		; deeth is seid
to have occurred on the date st	lated ebove, at. 81	4m.	
The PRINCIPAL CAUSE OF DE ware as follows:	EATH and releted ceu	ses of importance	Oataotonset
Weute h	пресы	deti:	lug son
	1		
U			
			-
Other Contributory Causes of in	mportance:		
11.1.	Selen	AL A	0
muce			
Name of operation	~- ~- ~	Date of	-
Name of operation			
What test confirmed diagnosis?		Wes there an	autopsy?
	ceuses (VIOLENCE) (Wes there an	autopsy?
What test confirmed diagnosis?	ceuses (VIOLENCE) (Wes there an ill in also the followin	autopsy?g:
What test confirmed diagnosis? 3. If death was due to external Accident, suicide, or homicide?	ceuses (VIOL ENCE) (Wes there an ill in also the followin Date of injury	autopsy?g:
What test confirmed diagnosis? 3. If death was due to external Accident, suicide, or homicide? Where did injury occur?	ceuses (VIOL ENCE) (Wes there an ill in also the followin Date of injury	autopsy?g:
What test confirmed diagnosis? 3. If death was due to external Accident, suicide, or homicide?. Where did injury occur? Specify whether injury occurred	ceuses (VIOL ENCE) (Wes there an ill in also the followin Date of injury	autopsy?g:
What test confirmed diagnosis? 3. If death was due to external accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred Manner of Injury	(Specify city of d in INDUSTRY, in H	Wes there an ill in also the followin Date of injury r town, county and State of the Public Plants of the Public	autopsy?g:, 19
What test confirmed diagnosis? 3. If death was due to external Accident, suicide, or homicide?. Where did injury occur? Specify whether injury occurred Manner of Injury Nature of injury 4. Wes disease or injury in amounts.	(Specify city of d in INDUSTRY, in H	Wes there an ill in also the followin Date of injury r town, county and State of the Public Plants of the Public	autopsy?g:, 19
What test confirmed diagnosis? 3. If death was due to external Accident, suicide, or homicide?. Where did injury occur? Specify whether injury occurred Manner of Injury Nature of injury	(Specify city of d in INDUSTRY, in H	Wes there an ill in also the followin Date of injury r town, county and State of the Public Plants of the Public	autopsy?g:, 19

Registrar.

If LESS than

min.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

BINDING

ESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous are laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; fi sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore tion applies to each and every person, irrespective of first line will be sufficient, e. g., Farmer or Planter, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably surcide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condior intercurrent) affection need not be cough; Chronic etc. The contributory valvular heart disease, Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02706
1. PLACE OF DEATH	159
county Caroline	Registration Dist. No. 63
Village or City Preston	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Howard green	€.
(a) Residence: No. Prestion	St., Ward,
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Warch 1-1933	I last saw h. walive on war h. 1933; death is said
7. AGE Years Months Days I LESS than I day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 9 Tanda medianing an activity	Date of onzet
S. Trace, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	
10. Date deceased last worked at this occupation (month and year) 11, Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
I 13. NAME Howard Starford	
13. NAME Howard Starford 14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of Was there an autopsy?
15. MAIOEN NAME Warran Treen.	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Waxage present (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Preston, id. Date 1.ch. 2, 1933	Manner of injury
19. UNDERTAKER Jos. Green (Address) Preston, Md.	24. Was disease or Injury in any way related to occupation of deceased? If so, specify
20. FILED. 1 Ch. 2, 19 33 Chia B Harisa	(Signed) Carl & M. D. (Address) Trustony

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	li.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		/da/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

-Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. RECORD. H UNFADING INK---THIS IS A PERMANE IINLY, W WRITE P

BINDING

FOR

MARGIN RESERVED

J. S. No. 1

PLACE OF DEATH County Cato Cial	STATE OF MARYLAND CERTIFICATE OF DEATH
Village & Circum Celqueron Veslus 2FULL NAME John Weslus	St.: Ward) St.: Ward) (If death occurred im a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED COLOR OR DIVORCED (Write the word)	16 DATE OF DEATH 2001, 29 1935 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from May 23 1923. to March 29, 1923. that I last saw h in alive on March 14, 1923.
(Month) (Day) (Year 7 AGE If LESS than day hrs. de. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work Lay Lake or our following the particular kind of work Lay Lake or our following business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Leave 7 Fillsborn.	Contributory Secondary Duration f yrange mos do
10 NAME OF FATHER Bey Hickeole 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MASE	(Signed) M. D. *State the Disrase Causing Death, or, in deaths from Violent Caus.s, state (1) Mesns of Injury and (2) whether Accidental, Suicidal or Romicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 MACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Man 3/ 1933 Dabis Registras	Dandlown Com Blan 3/19 3. 20 UNDERTAKER ADDRESS Dunlow T, 18 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from en at home, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary foreman, etc. But in many Physician, Compositor, Architect, fulness of various pursuits can be known. cupation is very important, so that the relative health business, that fact may be indicated thus; Farmer or given up on account of the DIREATE CAUSING DEATH guged in demostic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Ilousekeepers who receive a whatever, write None. Housemuid, etc. If the occupation has been changed report specifically the occupations of persons Foreman, For many occupations a single word or term on OF Farm laborer, 12 without more precise specification as Day For persons who have no occupation Home, and children, (b) Automobile factory. The material Laborer--Coul mine, etc. Locomotive engineer, not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-piual fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"; "yphoid fever (never report "Typhoid Pneumonia"; obar presumonia. Bronchopneumonia ("Pneumonia.")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. (name origin; "Cancor" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcomu, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., servis, tetanus) may be stated under the head of "contributory" or as probably such, if impossible to determine definitely can be ascertained as the cause. Whooping cough; American Medical A sociation.) approved (Recommendations on statement of cause of carbolic acid probably so cide. accident; Revolver were d of head-Lomicide; Poisoned by Examples: Accidental browning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstit at nephritis, "Atrophy," "Collapse." "Coma, FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature for malignant neoplasms); Meusles; Chronic Example: Measles (disease affection need etc. The valvular heart disease; The nature of the injury, Always qualify all " "Convulsions, contributory not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-0 02709
County Caroline	Registration Dist. No. V
Village or City Zala elabore	No. St. Ward
(19	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CHICAGO	u norce
(a) Residence: No. J's als truma (Usual place of apode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wold) White	21. DATE OF DEATH Mar 4 1923
5a. If married, widowed, or divorcad	(Month) (Day) (Yaar)
(or) WIFE of Ruth Work	22. OI HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) any 63/898	I last saw h elive on May 4, 19 23 daath is said
	to have occurred on the data stated ebova, etm.
34 / /8 ormin.	Tha PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:
8. Irade, profession, or particular kind of work done, as SPINNER,	THO TIME
9 Andustry or business in which	+ ally agerand of the presty 193
work was dona, es SILK MILL, Meursloyed	Make the authors and the true
	10 10 10 10
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - federal burg. R. L. S	/
201	
13. NAME COUPER CONTRACTOR	
14. BIRTHPLACE (city or town) — Federal Strugg H. F.	Name of operation
(Stata of country)	What test confirmed diagnosis? Was there an autopsy? Ho
I S. MAIDEN NAME Magor Marine H.F.	23. If death was due to external ceuses (VIDL ENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) - federal (State or country)	Accident, sulcida, or homicide? Date of injury, 19
R. 41 7. 11	Whara did injury occur? (Specify city or town, county and State)
17, INFDRMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Federally Data 4/, 1933	Nature of injury
10 HADEDTAKED OT Framilion of Co.	24. Wes disaase or injury in any way ralated to occupation of dacaasad? 243
(Address) Federalum Wy	If so, specify
The surp Mart L" 1933 5 Fore Atom	(Signed) W To Mustly M.D.
Registrar.	(Address) - Federal Low 1111
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	County Village Dr City Length of residence in city or town where death occurred (III Length of residence: ND. John Marketter Clicks (a) Residence: ND. John Marketter Clicks (Busing place of apode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Curried Husband of Work done, as SPINNER, SAYYER, BDOKKEPPER, atc. 8. Trade, profession, or particular kind of work done, as SPINNER, SAYYER, BDOKKEPPER, atc. 9. Andustry or business In which work was done, as SILK MILL, Married of time (parts) work was done, as SILK MILL, Married of time (parts) 10. Date deceased last worked attention in the information occupation 12. BIRTHPLACE (city or town) (State or country) 21. SAYMELL, BANK, etc. 14. BIRTHPLACE (city or town) (State or country) 22. The same that the same transfer of the same transfer o

. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V.S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLE WE

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	50
County Caroline	Registration Dist. No. 6
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foraign birth? yrs. mos. ds.
2. FULL NAME Magaze Norre	
1000-0	St. Ward.
(a) Residence: No. \- e ol e c o Y 8 fru rg \ \(\) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (21 1933 (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of OR Gert H. Hoble, deed	22. LHEREBY CERTIFY, That I alkanded decaesad from
6. DATE OF BIRTH (month, day, and year) Nov. 1" 1862	I last saw her alive on 3/11, 1933; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 8-1.5 P-m.
70 H 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done as SPINNER	Date of other
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month and	DIR 10
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Caraway Myster 1922
10. Data deceased last worked at this occupation (month and year)	1 Selast
12. BIRTHPLACE (city or town) Bosenester Co. (Stata or country)	Other Coutributory Causes of Importance:
13. NAME Matthew Marine	1025
13. NAME Matthew Marine 14. BIRTHPLACE (city or town) Doz'chester Co. (Stata or country)	Name of operation bate of Was there an autopsy?
15. MAIDEN NAME Martha Hurbard	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Martha Hurbard 16. BIRTHPLACE (city or town) Borchester Co. (State or country) Md.	Accidant, suicida, or homicida? Data of injury, 19 Where did injury occur?
17. INFORMANT Mrs Helen Hulliger. (Addrass) Federals Brusa, Vad. R.F. II	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Federals Durg, Md, Data Mar. 15", 1933	Manner of Injury
19. UNDERTAKER J. T. Framfotom & Son.	24. Was diseasa or injury in any way related to occupation of dacaasad? Zw
(Addrass) Federals Burg, Md.	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necess tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The ques capation is very important, so that the relative health whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the mishass causing Dhath, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At vehool or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material Civil engineer. Stationery fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter Statement of Occupation -Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebro spinal meningitis"); Diphili ria (avoid use of "(roup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ary), 10 de. Never report mere symptoms or niges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid ment of cause of death approved by head of "contributory." quences ture of the injury, as fracture of skull, and conse train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal septicaemia." Puerperal poritonitis," can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhausticn." "Heart (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway "Uracmia," "Weakness." etc., when a definite disease rulsions," W. hooping Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debillty" cough; Chronic valvulur heart disease; ("Congenital," "Senile," ctc.) (Recommendations on state-Example: Measles failure." "Haemor Always qualify all "Coma," Committee on Meastes; terminal (second-(discase (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCCUPATION

MOTHER FATHER

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH #2712
1. PLACE OF DEATH .	(3)
County Caroline	Registration Dist. No. 4/
Village or City Theenshoro	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME / Cancy scribne	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colorcs 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marketell 5. If married, widowad, or divorced	21. DATE OF DEATH March 20 1933 (Year)
HUSBAND of James Scribner	22. J I HEREBY CERTIFY. That I attended deceased from February 1, 1938, to March 17, 1933
6. DATE OF BIRTH (month, day, and year) June 13, 18/3	Hast saw here alive on March 17th, 1933; death is said
7. AGE Years Months Days tf LESS than 1 day,hrs.	to have occurred on the date stated above, at
07 7 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	Sulmand Tuberculosis (7)
	flugmonary Javanterosis 111
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
O To Date deceased last worked at this occupation (month and yaar) occupation.	<i>(</i>
12. BIRTHPLACE (city or town) Maryland (Stata or country)	Other Contributory Causes of importance;
13. NAME anderson Marilecoo	
14. BIRTHPLACE (city or lown)	Name of operation Date of
(State of Country) // weekana	What tast confirmed diagnosis? Leve cal Was there an autopsy? Lev
15. MAIDEN NAME Menrielta Susler	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
(Slate or country) delaware	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAMES SCREENER (Address) 48 gm & boto md	Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Vinon Engline Mel 23 1983	Nature of injury
19 UNDERTAKER A D'Acublingo, (Addrass) la leinabaro mil.	24. Was disease or injury in any way related to occupation of deceased? Rs
20. FILE Mars. 23, 133 fr. Mar Pyrand. Registrar.	(Signed) harle of Italienter M. D. (Address) Precustors M.D.
If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Regyesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emlepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1928 Gastroenteritis 1 near

B.-Every Item of Information Smould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DRD A PERMANENT INK-THIS IS VITH UNFADING E PLAIRLY WE 2

BINDING

FOR

RESERVED

MARGIN

8. No. 1.

0

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	(3) Registration Dist. No. 66
Village or City Redgeley (No	St; Ward) [If death occurred to a hospited or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Married, Milowed Parcel OR DIVORCED (Winde the word)	16 DATE OF DEATH March 31 (Month) (Day) (Year)
6 DATE OF BIRTH	March 24 ,130, to March 31 ,1933
(Month) (Day), 1 & (3)	
7 AGE 11 LESS fhan 1 day, hrs. OR min.?	and that about 000 at the date stated about, an
B OCCUPATION (a) Trade, profession, or garticular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Charmes Mys cardillis (Durston) 3 yrs. mas. do
9 BIRTHPLACE (State or country)	Contributory Secondary (mealibn) / mes. 6
10 NAME OF FATHER ACOL, Kunsman	(Signed) Start Justs M. 1. 18B. 3 (Address) Deuton Und *State the DIREARE CAUSING DEATH, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	CAURES, STATE (1) MEANS OF INJERY; and (2) whether Accidental SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country)	Al place le the of deeth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at piece of deeth?
(Informant) MN Games Simon	Former er wastal residence
(Interment) MN games Simon (Address) Ridgelige Dod	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 3, 1033
Flee Offel 3° . 1983 STOWNS. REGISTRAR	20 UNDERTAGER Rawlings Treus toro

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons caployed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers of the second statement Never return "Laborer," "Foreman," "Manager," "Leab-r" etc., without more Housemaid, etc. who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery. (a) Foreman, only when needed. As examples: business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully is very important, so that the relative healthful-For persons who have no occupation whatever that fact may be indicated thus: Farmer (retired If the occupation has been changed (a) Spinner, (b) Cotton If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the dispasse causing direction with respect to time and causation), using always the same accepted term for the same discover. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningin". D. Itheria (avoid use of "Croup"); Typhora fraction of the control of the

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably mus," SUICIDAL, OF HOMICIDAL, OF as probably such, if inpossible surgical operation was undertaken. For VIOLENT DEATHS "PURRPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childto determine definitely. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 de.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Curcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of cough; Chronic Nomenclature of the American Medical Association.) MEANS OF INJURY and qualify as or miscarriage "Old Age," "Shoek," "Uracmia," "Weakness," by railway The contributory (secondary or intercurvaloular heart disease; Chronic interstitiel train-accident; Revolver wound as "PUERPERAL sephchumia, Examples: Accidental drowning. "Dropsy," (Recommendations Never "Exhaustion," ACCIDENTAL, report more

If this certificate is looked over thoroughly and all quasitions answered in detail, it will prevent further correspondence. All the data is executed and must be obtained before the certificate is permanently filed.

METTE PLAINET, WILL CAREALING INTERPRETATION SHOULD be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state mation should exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Capaline	Registration Dist. No. 6 1-4
Village or City of ederalsburg	No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whera daath occurredyrsmos	ds. How long in U.S. if of loreign birth? yrs. mos. ds
(a) Residence: No. d'e der als burg (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 50 km a. Smith.	22. HEREBY CERTIFY. Thet trattended decessed from
6. DATE OF BIRTH (month, dey, end year) (surg. 14, 1855	1 Jast saw hc. alive on Max (193) death is sei
7. AGE Years Months Oays It LESS than	to heve occurred on the date stated above, at 8:335 .m.
78 7 21 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trade, protassion, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Design. 1928
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decased last worked at this occuration (month end	
10. Oate decaased last worked at this occupation (month end 1927 ff. Total time (yeers) spent in this occupation week.	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:
13. NAME John Mable	
f3. NAME f4. BIRTHPLACE (city or town) Navyland (State or country)	Neme of operation. Oate of
(State of country)	Whet test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME Canal Flowers	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME (day) flawers 6. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide?
17. INFORMANT Class Smith und.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Mid. Mar. 8 , 1933	Manner of Injury
19. UNDERTAKER J. J. Frangstom & for (Address) Federals Prince Md	24. Was diseasa or Injury In any way related to occupation of daceasad?
20. FILED Was 7", 1933 5.5. Fram stom.	(Signad) (Signad) (Address) Hudevalstung M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may B.-WRITE PLAINLY, WI ż

V. S. No. 1

1 DIACE			OF MARY	YLAND—	CERTIFICATE OF DEATH	1715
County Caroline Village or City Choptank					Registration Dist. No. St.,	3 Ward
	,	cily or lown where	death occurred 2	O yrs mos	f death occurred in a hospital or institution, give its NAME instead of street and n s. ds. How long in U.S. if of foreign birth? yrs. mo	umber)
2. FULL	NAME	Lind	la Staff	ord		
(a) Residence: No(Usual place of abode) *					St., Ward. If nonresident give city or town and the state of the stat	State
PERS	ONAL AN	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex	s. SEX 4. COLOR OR RACE White		s. single, Married, Widowed, or Divorced (write the word) Married		21. DATE OF DEATH March (Month) (Qay)	193 3 (Year)
5a. If merried, w HUSBAND (or) WIFE	of _		fford		22. I HEREBY CERTIFY, That I attended of	
6. DATE OF BIR	TU (month da	au and war)	Dec 3,	1864	1 1 1 1 1 1 1 1 1 1	
7. AGE	Years 69	Months 3	Days	If LESS than 1 day,hrs, ormin,	to heve occurred on the date stated above, at . 5. P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (monthyand 1933 spent in this year)					Corone Jel 1	1.3.3
12. BIRTHPLACE (city or town) Hurlock (State or country) Md.					Other Coutributary Causes of Importance:	1925
13. NAME	Na	thaniel	Medford			
14. BIRTHPLACE (city or lown) Hurlock (State or country) Md.					Name of operation	rlopsy? 4.
15. MAIOEN NAME ROWENS HURLOCK 16. BIRTHPLACE (city or town) Hurlock (State or country) Md.					23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT (Address		. P. St	afford Choptank	, Md.	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CRE	MATION, OR Hurlo		Date Mar	. 10,1,33	Manner of injury	
19. UNDERTAKE (Address		H. HOLI	Presto		24. Was disease or Injury In any way releted to occupation of deceased? If so, specify (Signed) (Address)	no M. D

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago OTTOBATE T S Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

TION is very important.

V. S. No. 1 N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-0
County Caroline -	Registration Dist, Np.6.3
Village or City Amich son	No. St. Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
11/0/ 50	mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Willy Sign	your
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	e word) harch S
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUJBAND OF Livey stanford	1 HEREBY CERTIFY. That I attended deceased from 19 33 to Clara. 19
6. DATE OF BIRTH (month, day, and year)	6 / I last saw h alive on and 3 , 19 3 3 death is said
	SS than to have occurred on the date stated above, at
7 7 9 29 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as toflows:
8. Trade, profession, or particular kind of work dona, as SPINNER	Lewity is
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which	Myrarditis 1930
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years spent in this occupation	46
Dayle a. B	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Stoard Stanfor	A
14. BIRTHPLACE (city or town) Caroline (Co	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jane	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Caroline Ce	Accident, suicide, or homicide? Date of injury
S (State of country)	Where did injury occur?
17. INFORMANT DAY (Address) And the ton me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place January Date May	Nature of injury.
19. UNDERTAKER Address)	24. Was disease or Injury in any way related to occupation of deceased?
7 0 02 mil	If so, specify
20. FILED 3/8 , 1933 10 WWS 17 1944	(Signed) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year